

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012387

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Primary Registration District No. **3059** Registrar's No. **111**
FILED MAR 21 1962

VS 300
Rev. 4/59

1 **0941**
2 **0941**
3 **2**
4 **1**
5 **3**
6
7 **0**
8 **2**
9/17/1X
10
11
12 **1-0**
13 **1-0**

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre (Perry)		Length of stay in lb 30 Days	c. CITY OR TOWN Bonne Terre Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 111 W. School Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Ruby Laverne Klesch		4. DATE OF DEATH Month Day Year March 9, 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7/11/1923 (38)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Work		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (City and state or country) Bonne Terre, Missouri
13a. FATHER'S NAME John H. Porter		13b. MOTHER'S MAIDEN NAME Alice Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Alice Harris Stanchek		Address [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma of cervix. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH Approx. 2 years.			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from April 1960 to 3/9/62 and last saw her alive on 3/9/62 Death occurred at 10:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) [Signature]	
22b. ADDRESS Bonne Terre, Missouri		22c. DATE SIGNED 3/12/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 12, 1962	
23c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery		23d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri	
24. FUNERAL DIRECTOR Dale Sparks		25. DATE RECD. BY LOCAL REG. Mar. 13, 1962	
26. REGISTRAR'S SIGNATURE [Signature]			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Some Place

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.